DATEME	<b>APPLICATION</b>	CEE NETER	MINATION	RECORD
DAIFNI	APPLICATION	PEE VEIER		11500115

Effective December 29, 1999

pplication	or	Docket	Numbe
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	1100 40	0
	al 6015	9
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_	_//,	

CLAIMS AS FILED - PART I						
	(Column 1)	(Column 2)				
FOR	NUMBER FILED	NUMBER EXTRA				
BASIC FEE	THE STATE OF THE	(1) 53 (53 (4) 14/6)				
TOTAL CLAIMS	minus 20=					
INDEPENDENT CLAIMS	minus 3 =	2				
MULTIPLE DEPENDENT	CLAIM PRESENT					
		HOW in a classes O				

HADE FERDER TO STATE				
MULTIPLE DEPENDENT CLAIM PRESENT	T	+130=	OR	+26
* If the difference in column 1 is less than zero, enter "0" in column 2	_	TOTAL	OR	TOT

SMALL ENTITY TYPE		OR	OTHER SMALL	• • • • • • • • • • • • • • • • • • • •
RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	156
+130=		OR	+260=	mide
TOTAL		OR	TOTAL	876

/_/ CLAIMS AS AMENDED - PART II							
18104	(Column 1)		(Column 2)	(Column 3)-			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total	. //0	Minus	20	= /			
Independent	. 17	Minus	. ••• 7	= /			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							
	Total Independent	(Columr 1) CLAIMS REMAINING AFTER AMENDMENT Total Independent	(Columr 1)  CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  Minus	(Column 1) (Column 2)  CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  (Column 2)  HIGHEST NUMBER PREVIOUSLY PAID FOR  Minus  Minus			

	SMALLE	NTITY	SMALL E	NTITY	
	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	X\$ 9=		OR	X\$18=	
	X39=		OR	X78=	
	+130=		OR	+260=	
1	TOTAL		OR	TOTAL ADDIT, FEE	

		(Column 1)			(Column 3)		
AMENDMENT B	andraway Andraway	CLAIMS REMAINING AFTER AMENDMENT	erio Right de trans	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	•	Minus	••	=		
	Independent	•	Minus	***	8		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

		(Column 1)		(Column 2)	(Column 3)
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMEN	Total	•	Minus	••	=
Ā	Independent	•	Minus	•••	=
4	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDENT CLAIM	A

_					
	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
١				V640	
ı	X\$ 9=		OR	X\$18=	
	X39=		OR	X78=	
İ		<b> </b>	<b> </b>		
	+130=		OR	+260=	<b>.</b>
I	TOTAL		ОЯ	TOTAL ADDIT. FEE	
	ADDIT. FEE		3	AUDII. FEE	

BEST AVAILABLE COPY

<sup>&</sup>quot;If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.